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ALLAHASSEE FLORIS

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Suof, n Tiki Ca (Name of Limited Lia	Fe LLC bility Company)
The enclosed member, managing member or managfiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this ma	atter to:
Janice Wacher (Contact Person)	2013 SEP 18
Surfin Tike Cate LL (Firm/Company)	
POBx1610 (Address)	
Jensen Beach FL 3 (City/State and Zip Code)	4958
For further information concerning this matter, plea	se call:
Junice Wacha at (A) (Name of Contact Person) (A)	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the F \$\square\$\$ \$\s	lorida Department of State for: \$\sim \\$55 \text{Filing Fee &} Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as	s it appears on the records	s of the Florida	a Depa	rtment
of State is:	16 Fra Tike C	afe LIC	7-	281	
	ility company was organized		20 E	3SEP 18	The same same same same same same same sam
3. The Florida docu	ument/registration number o	f this limited liability cor	npany is.	PH 1:28	ه که او در
	EF Band ame of Person Resigning)	hereby resign as a	memb (Print)	itle)	<i></i>
of this limited lial resignation in wri	bility company and affirm thiting.	ne limited liability compa	iny has been no	otified	of my
Signature of Resi	ghing Member, Managing N	Member or Manager			
Filing Fee:	\$25.00 (Required)	•			
Certified Copy:	\$30.00 (Optional)				